

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Home Health Agencies
Managed Care Plans

**Memorandum No: 04-67 MAA
Issued: September 30, 2004**

**For Information, Contact
Toll Free: 1-800-562-6188**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies: “Other DME” Fee Schedule Changes and Prior Authorization Changes

Effective for dates of service on and after October 1, 2004, the Medical Assistance Administration (MAA) has revised the “Other DME” fee schedule in MAA’s current Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions. The new fee schedule is attached to this memorandum.

Fee Schedule Changes

Effective for dates of service on and after October 1, 2004, MAA has revised the “Other DME” fee schedule in MAA’s current Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions.

Prior Authorization Changes

Effective for dates of service on and after October 1, 2004, procedure code E0186 is no longer used for a low air loss mattress. Providers must now use procedure code E0277 for a low air loss pressure relieving mattress (see EPA criteria on page G.9).

Typographical Errors

MAA made three typographical errors when inputting the EPA numbers used when billing for the DME listed in the table below. The correct EPA numbers have been added to page G.12 of the billing instructions.

DME	Correct EPA code
Prone stander, child size	755
Prone stander, youth size	756
Prone stander, infant size	757

Billing Instructions Replacement Pages

Attached are replacement pages G.9-G.14 and J.1-J.26 (replaces J.1-J.30) for MAA's current Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions, reflecting the changes made to the "Other DME" fee schedule. To view MAA's billings instructions, fee schedules, and numbered memorandum online, go to MAA's website at <http://maa.dshs.wa.gov> and click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link.

Bill MAA your usual and customary charges.

Contact Information

Send rate setting issues, questions, or comments to:

DME Rates Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
(360) 725-1845
Fax # (360) 753-9152
<http://maa.dshs.wa.gov/prorates/index.html>

Wheelchairs, Durable Medical Equipment (DME), and Supplies

- 3) Has one of the following diagnosis:
 - a. Quadriplegia;
 - b. Tetraplegia;
 - c. Duchenne's M.D.;
 - d. ALS;
 - e. Ventilator Dependant; or
 - f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees.
- 4) Must be able to independently and safely operate the bed controls.

Documentation Required:

- 1) Life expectancy, in months and/or years.
- 2) Client diagnosis including ICD-9-CM code.
- 3) Date of delivery and serial #.
- 4) Written documentation indicating client has not been previously provided a hospital bed, purchase or rental (i.e. written statement from client or caregiver).



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.
- 3) It is the vendors' responsibility to determine if the client has previously been provided a hospital bed, either purchase or rental.
- 4) Hospital beds **will not** be covered:
 - a. As furniture;
 - b. To replace a client-owned waterbed;
 - c. For a client who does not own a standard bed with mattress, box spring and frame; or
 - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.

LOW AIR LOSS THERAPY SYSTEMS

Procedure Code: E0371 & E0372 RR

730 Low Air Loss Mattress Overlay

Initial 30-day rental followed by one additional 30-day rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has at least one stage 3 decubitus ulcer on trunk of body;
- 3) Has acceptable turning and repositioning schedule;
- 4) Has timely labs (every 30 days); and
- 5) Has appropriate nutritional program to heal ulcers.

Procedure Code: E0277 & E0373 RR

735 Low Air Loss Mattress without bed frame

Initial 30-day rental followed by an additional 30 days rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body;
- 3) Has ulcers on more than one turning side;
- 4) Has acceptable turning and repositioning schedule;
- 5) Has timely labs (every 30 days); and
- 6) Has appropriate nutritional program to heal ulcers.

740 Low Air Loss Mattress without bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Procedure Code: E0194 RR

750 Air Fluidized Flotation System including bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

For All Low Air Loss Therapy Systems

Documentation Required:

- 1) A "Low Air Loss Therapy Systems" form must be completed for each rental segment and signed and dated by nursing staff in facility or client's home (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/efor.ms.html>).
- 2) A new form must be completed for each rental segment.
- 3) A re-dated prior form will not be accepted.
- 4) A dated picture must accompany each form.



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

NONINVASIVE BONE GROWTH/NERVE STIMULATORS

Procedure Code: E0730 RR

760 Transcutaneous Electrical Nerve Stimulator (TENS)

Up to 2 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Demonstrates a condition that is causing chronic intractable pain, defined as pain that is of long duration that has been difficult to manage;
- 2) Has a pain level documented at 6 or greater on a scale of one to 10;
- 3) Has a date of onset at least 6 months ago;
- 4) Has had no surgery within the previous 3 months;
- 5) Is receiving continual pain and/or anti-inflammatory medication;
- 6) Has had at least 5 physical therapy visits during the past 6 months with no perceptible improvement in pain relief or activity level; and
- 7) Has an objective of decreasing/discontinuing medications and increasing level of activity.

Procedure Code: E0730 NU

761 Transcutaneous Electrical Nerve Stimulator (TENS)

Purchase unit after 2 months of EPA or prior authorized rental if **all** of the following criteria are met. The client:

- 1) Is using the unit 6 or more hours per day or 2 or more hours per day for the Alpha Stim brand;
- 2) Has a pain level documented at 5 or less on a scale of one to 10;
- 3) Has had a reduction in prescription medication use for chronic intractable pain condition; and
- 4) Has an increased activity level.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Procedure Code: E0747 NU & E0760 NU

765 Non-Spinal Bone Growth Stimulator

Allowed for purchase when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery.

Procedure Code: E0748 NU

770 Spinal Bone Growth Stimulator

Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.



Note:

- 1) If the client's medical condition does not meet all of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

Procedure Code: E0603 & E0604 RR

800 Breast pump, electric

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets all of the following:
 - a. Has a hospitalized premature newborn;
 - b. Has been discharged from the hospital; and
 - c. Is taking breast milk to hospital to feed newborn.

Procedure Code: E0935 RR

810 Continuous Passive Motion System (CPM)

Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:

- 1) Frozen joints;
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Procedure Code: E0650 RR

820 Extremity pump

Up to 2 months rental during a 12-month period for treatment of severe edema.

Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be:

- 1) Medically effective;
- 2) Medically necessary; and
- 3) A long-term, permanent need.

Procedure Code: E1399

755 Prone stander, child size (child up to 48" tall). Includes padding, chest, and foot straps. Purchase of 1 every 5 years per client when the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

756 Prone stander, youth size (child up to 58" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

757 Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

758 Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of 1 per client every 5 years allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

759 Shower, hand-held. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

764 Breast pump kit for electric breast pump. Purchase allowed when all of the following criteria are met:

- 1) When needed for use with an authorized electric breast pump; (either prior authorization or EPA);
- 2) Client is not in a nursing facility.
- 3) Prescribed by a physician.

Procedure Code: E1399

766 Bath seat without back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

767 Heavy duty bath chair (for clients over 250lbs.) Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

Procedure Code: E1399

771 Padded or unpadded shower/commode chair, wheeled, with casters. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

772 Adjustable bath seat with back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

773 Adjustable bath/shower chair with back, padded seat. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

774 Pediatric bath chair; includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

776 Youth bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

777 Adult bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

778 Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

779 Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

Blank page due to changes in EPA criteria....

“Other DME” Fee Schedule

Beds, Mattresses, and Related Equipment

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
A4640	RP	\$56.67	Replacement pad for use with medically necessary alternating pressure pad owned by patient. Purchase only. Included in nursing facility daily rate.
A6550		\$27.42	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each. Purchase only. Requires prior authorization.
A6551		\$24.53	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each. Purchase only. Requires prior authorization.
E0180	NU RR	\$215.70 \$21.57	Pressure pad, alternating with pump. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0181	NU RR	\$239.20 \$23.92	Pressure pad, alternating with pump; heavy duty. For clients over 250 lbs. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0182		\$261.80	Pump for alternating pressure pad. Replacement purchase only. Included in nursing facility daily rate.
E0184		\$194.70	Dry pressure mattress. Included in nursing facility daily rate. Purchase Only.
E0185	NU RR	\$319.86 \$31.98	Gel or gel-like pressure pad for mattress. Included in nursing facility daily rate. Rental requires prior authorization. Deemed purchased after 1 year's rental.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0186	NU RR	\$203.00 \$20.30	Air pressure mattress. Rental requires prior authorization, purchase does not. For powered pressure reducing mattress see code E0277. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0187		#	Water pressure mattress.
E0190		\$30.04	Positioning cushion/pillow/wedge, any shape or size. Included in nursing facility daily rate. Purchase only.
E0193		#	Powered air flotation bed (low air loss therapy).
E0194	NU RR	\$29,010.00 \$96.70/day	Air fluidized bed. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0196		\$324.90	Gel pressure mattress. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0197	NU RR	\$221.58 \$22.15	Air pressure pad for mattress (standard mattress length and width). Included in nursing facility daily rate. Rental requires prior authorization. Deemed purchased after 1 year's rental.
E0198		\$188.34	Water pressure pad for mattress, standard mattress length and width. Included in nursing facility daily rate. Purchase only.
E0199		\$32.05	Dry pressure pad for mattress, standard mattress length and width. Purchase only. Included in nursing facility daily rate.
E0250		#	Hospital bed, fixed height, with any type side rails, with mattress.
E0251		#	Hospital bed, fixed height, with any type side rails, without mattress.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0255		#	Hospital bed, variable height, hi-lo, with any type side rails, with mattress. (see E0292 and E0305 or E0310)
E0256		#	Hospital bed, variable height, hi-lo, with any type side rails, without mattress. (see E0293 and E0305 or E0310)
E0260		#	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress. (see E0294 and E0305 or E0310)
E0261		#	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress. (see E0295 and E0305 or E0310)
E0265		#	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress. (see E0296 and E0305 or E0310)
E0266		#	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress. (see E0297 and E0305 or E0310)
E0270		#	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress.
E0271	NU	\$222.04	Mattress, inner spring. Included in nursing facility daily rate. Replacement only.
E0272		\$191.78	Mattress, foam rubber (replacement only). Included in nursing facility daily rate. Purchase only.
E0273		#	Bed board
E0274		#	Over-bed table
E0277	NU RR	\$7,552.50 \$25.18/day	Powered pressure-reducing air mattress. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0280		#	Bed cradle, any type.
E0290		#	Hospital bed, fixed height, without side rails, with mattress.
E0291		#	Hospital bed, fixed height, without side rails, with mattress.
E0292	NU RR	\$840.40 \$84.04	Hospital bed, variable height, hi-lo, without side rails, with mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. Included in the nursing facility daily rate. See Expedited Prior Authorization (EPA), Section G.
E0293	NU RR	\$704.60 \$70.46	Hospital bed, variable height, hi-lo, without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0294	NU RR	\$1,306.50 \$130.65	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. See Expedited Prior Authorization (EPA), Section G.
E0295	NU RR	\$1,215.70 \$121.57	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0296	NU RR	\$1,642.00 \$164.20	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0297	NU RR	\$1,406.70 \$140.67	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0300	NU RR	\$2,838.62 \$283.86	Pediatric crib, hospital grade, fully enclosed. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0301		#	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress.
E0302		#	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.
E0303	NU RR	\$3,039.80 \$10.13/day	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental.
E0304	NU RR	\$7,706.70 \$25.60/day	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental.
E0305	NU RR	\$177.90 \$17.79	Bedside rails, half length, pair. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0310	NU RR	\$194.14 \$19.41	Bedside rails, full length, pair. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0315		#	Bed accessory: board, table, or support device, any type.
E0316		\$2,030.70	Safety enclosure frame/canopy for use with hospital bed, any type. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0370		#	Air pressure elevator for heel.
E0371	NU RR	\$4,447.80 \$14.83/day	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0372	NU RR	\$5,393.40 \$17.98/day	Powered air overlay for mattress, standard mattress length and width. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0373	NU RR	\$6,144.70 \$20.48/day	Nonpowered advanced pressure reducing mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E2402	RR	\$57.21/day	Negative pressure wound therapy electrical pump, stationary or portable. Rental only. Requires prior authorization.

Other Patient Room Equipment

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0621		\$95.99	Sling or seat, patient lift, canvas or nylon. Purchase only. Included in nursing facility daily rate.
E0625		#	Patient lift, Kartop, bathroom or toilet.
E0627		#	Seat lift mechanism incorporated into a combination lift-chair mechanism.
E0628		#	Separate seat lift mechanism for use with patient owned furniture - electric.
E0629		#	Separate seat lift mechanism for use with patient owned furniture - nonelectric.
E0630	NU RR	\$1,013.80 \$101.38	Patient lift, hydraulic, with seat or sling. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization. (Includes bath.)
E0635	NU RR	BR BR	Patient lift, electric, with seat or sling. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Requires prior authorization.
E0636		#	Multipositional patient support system, with integrated lift, patient accessible controls.
E0830		#	Ambulatory traction device, all types, each.
E0840		\$73.28	Traction frame, attached to headboard, cervical traction. Purchase only. Included in nursing facility daily rate.
E0850		\$105.06	Traction stand, freestanding, cervical traction. Purchase only. Included in nursing facility daily rate.
E0855		#	Cervical traction equipment not requiring additional stand or frame.
E0860		\$38.21	Traction equipment, overdoor, cervical. Purchase only. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0870		\$116.31	Traction frame, attached to footboard, simple extremity traction (e.g. Buck's). Purchase only. Included in nursing facility daily rate.
E0880		\$125.54	Traction stand, freestanding, extremity traction (e.g., Buck's). Purchase only. Included in nursing facility daily rate.
E0890		\$120.41	Traction frame, attached to footboard, pelvic traction. Purchase only. Included in nursing facility daily rate.
E0900		\$128.12	Traction stand, freestanding, pelvic traction (e.g., Buck's). Purchase only. Included in nursing facility daily rate.
E0910	NU RR	\$186.80 \$18.68	Trapeze bar, also known as patient helper, attached to bed with grab bar. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0920	NU RR	\$426.70 \$42.67	Fracture frame, attached to bed. Includes weights. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0930	NU RR	\$456.90 \$45.69	Fracture frame, freestanding, includes weights. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0940	NU RR	\$347.70 \$34.77	Trapeze bar, freestanding, complete with grab bar. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0941	NU RR	\$369.00 \$36.90	Gravity assisted traction device, any type. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0946	NU RR	\$591.60 \$59.16	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster). Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0947		\$515.49	Fracture frame, attachments for complex pelvic traction. Purchase only. Included in nursing facility daily rate.
E0948		\$586.59	Fracture frame, attachments for complex cervical traction. Purchase only. Included in nursing facility daily rate.
E0972		\$46.85	Wheelchair accessory, transfer board or device, each. Purchase only. Included in nursing facility daily rate.

Positioning Devices

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0637	NU RR	\$2,104.97 \$210.49	Combination sit-to-stand system, any size, with seat lift feature, with or without wheels. (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator) Requires prior authorization. Deemed purchased after one year's rental. Included in nursing facility daily rate.
E0638		\$853.57	Standing frame system, any size, with or without wheels. (includes padding, straps, adjustable armrests, footboard and support blocks.) Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1399	NU	\$1,808.00	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000755 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$2,156.00	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000756 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,286.40	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000757 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,800.00	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000758 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Noninvasive Bone Growth/Nerve Stimulators

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0720		#	TENS, two lead, localized stimulation.
E0730	NU RR	\$370.56 \$37.05	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation. Includes 4 lead wires, 4 electrodes, battery charger and gel. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0731		#	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0740	NU RR	\$522.87 \$52.28	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0744		#	Neuromuscular stimulator for scoliosis
E0745		#	Neuromuscular stimulator, electronic shock unit.
E0746		#	Electromyography (EMG) biofeedback device.
E0747		\$3,601.28	Osteogenesis stimulator, electrical noninvasive, other than spinal applications. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0748		\$3,577.94	Osteogenesis stimulator, electrical noninvasive, spinal applications. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0749		#	Osteogenesis stimulator, electrical, surgically implanted.
E0752		#	Implantable neurostimulator electrode, each.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0754		#	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.
E0755		#	Electronic salivary reflex stimulator (intraoral/noninvasive)
E0756		#	Implantable neurostimulator pulse generator
E0757		#	Implantable neurostimulator radiofrequency receiver
E0758		#	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.
E0759		#	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.
E0760		\$2,973.20	Osteogenesis stimulator, low intensity ultrasound, noninvasive. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0761		#	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.
E0765		#	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.
K0600		#	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.

Communication Devices

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1902		#	Communication board, non-electronic augmentative or alternative communication device.
E2500		\$391.06	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time. Purchase only. Replaced HCPCS code K0541. Requires prior authorization.
E2502		\$1,195.80	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time. Purchase only. Requires prior authorization.
E2504		\$1,577.42	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time. Purchase only. Requires prior authorization.
E2506		\$2,312.96	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time. Purchase only. Requires prior authorization.
E2508		\$3,576.61	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device. Purchase only. Requires prior authorization.
E2510		\$6,768.25	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. Purchase only. Requires prior authorization.
E2511		#	Speech generating software program, for personal computer or personal digital assistant.
E2512		\$416.93	Accessory for speech generating device, mounting system. Purchase only. Requires prior authorization.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E2599		BR	Accessory for speech generating device, not otherwise classified. Purchase only. Requires prior authorization.
L8500		\$626.11	Artificial larynx, any type. Purchase only.

Ambulatory Aids

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
A4635		\$5.12	Underarm pad, crutch, replacement, each. Included in nursing facility daily rate. Purchase only.
A4636		\$4.21	Replacement handgrip, cane, crutch, or walker, each. Included in nursing facility daily rate. Purchase only.
A4637		\$1.81	Replacement tip, cane, crutch, or walker, each. Included in nursing facility daily rate. Purchase only.
E0100		\$21.07	Cane; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.
E0105		\$49.11	Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.
E0110		\$77.59	Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips. Included in nursing facility daily rate. Purchase only.
E0111		\$53.26	Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0112		\$37.00	Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips. Included in nursing facility daily rate. Purchase only.
E0113		\$21.13	Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.
E0114		\$44.51	Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips. Included in nursing facility daily rate. Purchase only.
E0116		\$23.82	Crutch, underarm; other than wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.
E0117		\$192.71	Crutch, underarm, articulating, spring assisted, each. Requires prior authorization. Purchase only.
E0118		#	Crutch substitute, lower leg platform, with or without wheels, each.
E0130		\$70.23	Walker, rigid (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0135		\$83.84	Walker; folding (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0140		\$360.71	Walker, with trunk support, adjustable or fixed height, any type. Included in nursing facility daily rate. Purchase only.
E0141		\$115.29	Walker, rigid, wheeled, adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0143		\$120.23	Walker, folding, wheeled, adjustable or fixed height. Purchase only.
E0144		\$318.45	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0147		\$574.81	Walker, heavy duty, multiple braking system, variable wheel resistance. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0148		\$127.05	Walker, heavy duty, without wheels, rigid or folding, any type. (over 250lbs) Included in nursing facility daily rate. Purchase only.
E0149		\$223.20	Walker, heavy duty, wheeled, rigid or folding, any type. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0153		\$68.68	Platform attachment, forearm crutch, each. Included in nursing facility daily rate. Purchase only.
E0154		\$70.51	Platform attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0155		\$26.83	Wheel attachment, rigid pick-up walker, per pair seat attachment, walker. Included in nursing facility daily rate. Purchase only.
E0156		\$186.97	Seat attachment, walker. Included in nursing facility daily rate. Purchase only.
E0157		\$77.27	Crutch attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0158		\$32.18	Leg extensions for walker, per set of four (4). Included in nursing facility daily rate. Purchase only.
E0159		\$17.87	Brake attachment for wheeled walker, replacement, each. Included in nursing facility daily rate. Purchase only.

Bathroom Equipment

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0160		#	Sitz-type bath or equipment, portable, used with or without commode.
E0161		#	Sitz-type bath or equipment, portable, used with or without commode, with faucet attachment(s).
E0162		#	Sitz bath chair.
E0163	NU RR	\$110.29 \$11.02	Commode chair, stationary, with fixed arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0164	NU RR	\$181.40 \$18.14	Commode chair, mobile, with fixed arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0165	NU RR	\$185.80 \$18.58	Commode chair, stationary, with detachable arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0166	NU RR	\$282.80 \$28.28	Commode chair, mobile, with detachable arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0167		\$12.00	Pail or pan, for use with commode chair. Included in purchase price of commode. Included in nursing facility daily rate. Purchase only.
E0168	NU RR	\$150.92 \$15.09	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0169		#	Commode chair with seat lift mechanism.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0175		BR	Foot rest, for use with commode chair, each. Requires prior authorization. Included in nursing facility per-diem. Purchase only.
E0240		#	Bath/shower chair, with or without wheels, any size.
E0241		\$48.03	Bathtub wall rail, each. Included in nursing facility daily rate. Purchase only.
E0242		\$32.60	Bathtub rail, floor base. Included in nursing facility daily rate. Purchase only.
E0243		\$43.78	Toilet rail, each. Included in nursing facility daily rate. Purchase only.
E0244		\$105.68	Raised toilet seat. Included in nursing facility daily rate. Purchase only.
E0245		\$64.00	Tub stool or bench. Included in nursing facility daily rate. Purchase only.
E0246	NU	\$30.23	Transfer tub rail attachment, each. Included in nursing facility daily rate. Purchase only.
E0247		\$174.35	Transfer bench for tub or toilet with or without commode opening. Included in nursing facility daily rate. Purchase only.
E0248		\$247.81	Transfer bench, heavy duty, for tub or toilet with or without commode opening. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0275		\$15.31	Bed pan, standard, metal or plastic. Purchase only.
E0276		\$11.31	Bed pan, fracture, metal or plastic. Purchase only.
E0325		\$10.11	Urinal; male, jug-type, any material. Purchase only. Included in nursing facility daily rate.
E0326		\$10.50	Urinal; female, jug-type, any material. Purchase only. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0350		BR	Control unit for electronic bowel irrigation/evacuation system. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0352		BR	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0700		\$36.00	Safety equipment (e.g., belt, harness or vest). Included in the nursing facility daily rate. Purchase only.
E1399	NU	\$32.10	Durable medical equipment, miscellaneous. (Bath seat without back). Included in nursing facility daily rate. Purchase only. EPA #870000766 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$33.11	Durable medical equipment, miscellaneous. (Shower, hand-held). Included in nursing facility daily rate. Purchase only. EPA #870000759 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU RR	\$637.21 \$63.72	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters). Deemed purchased after 1 year's rental. Rental requires prior authorization. Included in nursing facility daily rate. EPA #870000771 must be used when billing this item for purchase. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$59.12	Durable medical equipment, miscellaneous. (Adjustable bath seat with back). Included in nursing facility daily rate. Purchase only. EPA #870000772 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1399	NU	\$351.20	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat). Included in nursing facility daily rate. Purchase only. EPA #870000773 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$318.40	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. EPA #870000774 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$696.00	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. EPA #870000776 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,172.00	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. EPA #870000777 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,000.00	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back). Purchase only. Included in nursing facility daily rate. EPA #870000778 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,253.75	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back). Purchase only. Included in nursing facility daily rate. EPA #870000779 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1399	NU	\$168.99	Durable medical equipment, miscellaneous. (Heavy duty bath chair (for clients over 250 lbs.)). Included in nursing facility daily rate. Purchase only. EPA #870000767 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Blood Monitoring

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
A4660		\$31.45	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope. Purchase only.
A4663		\$26.11	Blood pressure cuff only. Purchase only.
A4670		\$91.56	Automatic blood pressure monitor. Purchase only.
E0607		\$66.82	Home blood glucose monitor. Purchase only. Limit of 1 per client, per 3 years.
E2100		\$581.60	Blood glucose monitor with integrated voice synthesizer. Requires prior authorization. Purchase only. Limit of 1 per client, per 3 years.
E2101		#	Blood glucose monitor with integrated lancing/blood sample.

Support Devices/Orthotics

See the Prosthetics and Orthotics Billing Instructions for Support Devices/Orthotics Codes

Miscellaneous Durable Medical Equipment

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0202	RR	\$6.19/day	Phototherapy (bilirubin) light with photometer. Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.
E0602		\$30.39	Breast pump, manual, any type. Purchase only.
E0603	RR	\$2.79/per day	Breast pump, electric, AC and/or DC, any type. Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0604	RR	\$2.79/per day	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric, AC and/or DC. Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0650	NU RR	\$720.22 \$72.02	Pneumatic compressor, nonsegmental home model. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0651		#	Pneumatic compressor, segmental home model without calibrated gradient pressure.
E0652		#	Pneumatic compressor, segmental home model with calibrated gradient pressure.
E0655		\$107.92	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm. Purchase only.
E0660		\$159.75	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0665		\$126.87	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm. Purchase only.
E0666		\$138.08	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg. Purchase only.
E0667		#	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668		#	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669		#	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671		#	Segmental gradient pressure pneumatic appliance, full leg.
E0672		#	Segmental gradient pressure pneumatic appliance, full arm.
E0673		#	Segmental gradient pressure pneumatic appliance, half leg.
E0675		#	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).
E0691		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less
E0692		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.
E0693		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0694		#	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.
E0701		\$153.35	Helmet with face guard and soft interface material, prefabricated. Limit of two per client per year. Included in nursing facility daily rate. Purchase only.
E0710		#	Restraint, any type (body, chest, wrist or ankle)
E0935	RR	\$14.49/day	Passive motion exercise device, complete. Rental allowed for maximum of 10 days. Includes continuous passive motion soft goods kit. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E1300		#	Whirlpool, portable (overtub type)
E1310		#	Whirlpool, nonportable (built-in type)
E1399	NU	\$35.45	Durable medical equipment, miscellaneous. (Breast pump kit, electric). Purchase only. EPA #870000764 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E2000	RR	\$51.83	Gastric suction pump, home model, portable or stationary, electric. Rental only. Requires prior authorization.
K0606		#	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.
K0607		#	Replacement battery for automated external defibrillator, garment type only, each.
K0608		#	Replacement garment for use with automated external defibrillator, each.
K0609		#	Replacement electrodes for use with automated external defibrillator, garment type only, each.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
T5001	NU RR	\$640.74 \$64.07	Positioning seat for persons with special orthopedic needs, for use in vehicles (5 years and older). Rental and less than 5 years of age require prior authorization. Included in nursing facility daily rate.

Other Charges for DME Services

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0200		#	Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.
E0203		#	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205		#	Heat lamp, with stand, includes bulb, or infrared element
E0210		#	Electric heat pad, standard.
E0215		#	Electric heat pad, moist.
E0217		#	Water circulating heat pad with pump.
E0218		#	Water circulating cold pad with pump.
E0220		#	Hot water bottle
E0221		#	Infrared heating pad system.
E0225		#	Hydrocollator unit, includes pads.
E0230		#	Ice cap or collar

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0231		#	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.
E0232		#	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.
E0235		#	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236		#	Pump for water circulating pad.
E0238		#	Nonelectric heat pad, moist.
E0239		#	Hydrocollator unit, portable.
E0249		#	Pad for water circulating heat unit.
E1340		\$17.43	Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items). Requires prior authorization. For client-owned equipment only.
E1399	NU RR	BR BR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed). Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization.

Please discard pages J.27-J.30 in your current billing instructions.